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APPLICANTS

Gust H. Bardy, Seattle, WA;

** CONTINUING DATA *****

This application is a CON of 09/789,416 02/20/2001
 which is a CON of 09/361,332 07/26/1999 PAT 6,221,011

CHZ
10/16/04

** FOREIGN APPLICATIONS *****

none CHZ
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 13	TOTAL CLAIMS 59	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Carl H. Zappo CHZ</i> Examiner's Signature Initials				

ADDRESS

22895
 PATRICK J S INOUE P S
 810 3RD AVENUE
 SUITE 258
 SEATTLE , WA
 98104

TITLE

System and method for determining a reference baseline of patient information for automated remote patient care

FILING FEE RECEIVED 1704	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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